Cosmetology Inspector:		Kentucky State Board of Hairdressers & Cosmetologists 111 St. James Ct., Suite A Frankfort, KY 40601 (502) 564-4262 WWW.KBHC.KY.GOV		KBHC USE ONLY License#	
SUSAN DOTSON 502-382-8360	111 St. Jan			Date Issued/Processed:	
	•				
Kiosk \$25.00			Hours of Operation:		
Business \$25.00	0				
Residential \$25.00	THREADING	G ESTABLISHMENT			
All sections of this application	on must be completed cashi	or the application will not be ers check or money order.	accepted. All fees must b	e in the form of ε	
201 KAR 12:060 INSPECTIONS	3: 4 (1) All establishment	s licensed by this board shall be	e inspected a minimum of tw	o (2) times per yea	
Name of Establishment:	(20 on loss Chavestons)		County		
Physical Address:					
I hysical Muli ess.		(City)	(State)	(Zip Code)	
Mailing address:					
		(City)	(State)	(Zip Code)	
County:		Business Number	:()	-	
Name of Owner:					
	(First)	(Middle)	(Last)		
Social Security Number: Date of Birth:					
Owners Home Address:					
	(Street)	(City)	(State)	(Zip Code)	
Owners Phone number: (		Salon Owner Signati	ure:		
Manager(s) Name:		Lice	nse Number:		
Salon Manager Signature: Date:					
**Has Owner or Manager been					
*SIGNATURE OF ZONING COMM REQUIRED FOR KIOSK) THE ABO	ISSIONER/BUILDING IT OVE SAID PROPERTY M	NSPECTOR OR ELECTED OFF MEETS ALL REQUIREMENTS	_ Date: FICAL (MALL MANAGEMN OF LOCAL ZONING REGU	IET SIGNATURE LATIONS.	
****			_ Date:		
*SIGNATURE OF STATE PLUMBII INSPECTED BY ME AND FOUND T	NG INSPECTOR (NOT R FO MEET STATE PLUM	EQUIRED FOR KIOSK) THE A BING REQUIREMENTS. (STA	ABOVE SAID PROPERTY H ATE PLUMBING PHONE # 5	AS BEEN (02-573-0397)	

\* SIGNATURE OF STATE SALON INSPECTOR I HEREBY STATE THE ABOVE SALON HAS BEEN INSPECTED BY ME AND FOUND TO MEET ALL REQUIREMENTS FOR THE ABOVE SALON IN ACCORDANCE WITH THE ADMINISTRATIVE REGULATIONS OF THE KENTUCKY STATE BOARD OF HAIRDRESSERS & COSMETOLOGISTS.

Date:

SEE 201 KAR 12:100 FOR SANITATION STANDARDS